

The State of Delaware

COE Request for Proposal Updates

October 22, 2018

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Centers of excellence

Follow-up from 9/24/18 SEBC meeting

- Based on feedback from some SEBC members, inquiries were made with the State's medical carriers and SurgeryPlus to determine whether it would be administratively possible for the State to require plan participants to contact a carve-out COE vendor prior to a COE-eligible procedure
 - Plan participants would still retain choice in where they obtain COE-eligible procedures (e.g., would not be required to use the carve-out COE vendor)
- Responses from the State's medical carriers indicate that it is not administratively possible to do this
- While unable to require participant outreach, SurgeryPlus offered a number of solutions to encourage participant contact with a carve-out COE vendor. These include:
 - Plan design enhancements for use of carve-out COE vendor (i.e., waived member cost sharing)
 - Bonuses for participant use of carve-out COE (will require additional research for feasibility)
 - Plan design decrements or financial penalties (i.e., surcharges) for use of other providers (not from carve-out COE network)
 - Identification of and outreach to plan participants with an initial visit to an orthopedic surgeon (identified through medical carrier reporting on eligibility file feed used by providers for real-time verification of eligibility)

Centers of excellence – today’s key decision points

- Key decision points for the SEBC, with recommendations of the PRC, are below
- A vote will be taken at the conclusion of today’s meeting about whether the SEBC will adopt the recommendations of the PRC

SEBC decision points

1. *For FY20 and later, should the State award a contract to a carve-out COE vendor?*
2. *If so:*
 - a) *How should the State’s coverage for non-TPA COE providers be structured? Includes related decisions such as:*
 - *Offer access to carve-out vendor as a choice, or mandate its use?*
 - *If offered as a choice, what incentives should be used to encourage utilization?*
 - *If mandated, is there tolerance for requiring members to travel for care when they will need to pay travel expenses up-front and be reimbursed later?*
 - *Should there be any plan design changes related to use of COE vs. non-COE providers?*
 - b) *Which vendor provides the business model in line with the State’s decisions for a carve-out COE program?*

PRC recommendations

- Implement a carve-out COE vendor
- For the first year of the program:
 - Offer carve-out vendor as a choice alongside medical TPA COEs
 - Offer carve-out vendor network for at least the types of COE-eligible procedures covered by GHIP today
 - Require members to contact carve-out vendor for consultation and second opinion [i.e., treatment decision support] prior to proceeding with surgery, but full in-network COE benefit available through medical TPA COEs as well
 - Monitor for potential changes in Year 2+
- Review plan designs and incentives for all COE-eligible procedures covered by the GHIP
- Award a contract to SurgeryPlus for an effective date no earlier than 7/1/19